

# SUPPLIER SURVEY REQUEST



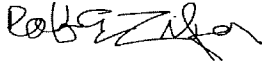
[CLICK HERE FOR FORM INSTRUCTIONS](#)

DATE OF REQUEST 1/7/2021	SUPPLIER NUMBER 90052785	SST OR SUB CODE(S) PROC-SP	PROGRAM(S) STS-12
SUPPLIER NAME (FULL LEGAL NAME) SCOTIA TECHNOLOGY			
SUPPLIER MANUFACTURING FACILITY ADDRESS TO BE SURVEYED/APPROVED 51 GROWTH RD			
CITY LACONIA	STATE NH	COUNTRY USA	ZIP 03246
PERSON TO CONTACT & TITLE Sonia Eastman, Inside Customer Support	CONTACT PHONE 603-528-2838 x 113	CONTACT E-MAIL sonia.eastman@stsaero.com	
QA MANAGER NAME Dan Douville	QA MANAGER PHONE 603-520-7656	QA MANAGER E-MAIL daniel.douville@stsaero.com	
INITIATED BY (PRINT NAME) Konomi Yamamoto	DEPT K0836H	PHONE 310-813-4164	
HAS A MANUFACTURING LICENSE AGREEMENT BEEN ESTABLISHED? (INTERNATIONAL ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	NDT TECHNIQUE NO. (NDT SURVEY ONLY) 8250P002	REVISION Rev 8	DATE 02/01/2021
DELIVERABLE END USE CODES (SPACE SYSTEMS ONLY) <input type="checkbox"/> FLIGHT (DF) <input type="checkbox"/> GROUND (DG) <input type="checkbox"/> LAB (DL) <input type="checkbox"/> ENGINEERING (DE) <input type="checkbox"/> RAPID (DR) <input checked="" type="checkbox"/> N/A			
REQUEST TYPE <input checked="" type="checkbox"/> INITIAL SURVEY <input type="checkbox"/> PERIODIC AUDIT <input type="checkbox"/> DELTA AUDIT <input type="checkbox"/> CORRECTIVE ACTION <input type="checkbox"/> NAME/ADDRESS CHANGE <input type="checkbox"/> REINSTATE			
SURVEY/ AUDIT TYPE <input type="checkbox"/> QUALITY SYSTEM <input type="checkbox"/> PROCESS <input type="checkbox"/> DIGITAL DATA <input type="checkbox"/> PART NUMBER <input checked="" type="checkbox"/> NDT (TYPE) Fluorescent Penetrant Procedure			
REASON FOR SURVEY/AUDIT (INCLUDE QUALITY STANDARD AND/OR SPECIAL PROCESS SPECIFICATIONS, TYPE OF PRODUCT, NOMENCLATURE, PART NUMBER IF APPLICABLE, AND ANY ADDITIONAL INFORMATION AS NECESSARY TO CLARIFY NEED.) Request review and approval of Scotia LPI/FPI process to ACS-PRS-7005.			
TIME CHARGE NUMBER(S) (ENTER THE DIRECT CHARGE NETWORK NUMBER(S) TO BE USED BY THE ASSESSOR.) KAE162KGN			
PROCUREMENT/SUBCONTRACT MANAGER'S SIGNATURE (SIGNATURE OR EMAIL CONCURRENCE CERTIFIES MANAGER HAS VERIFIED ACCURACY OF THE REQUEST) N/A			

SUPPLIER SURVEY REQUEST



SUPPLIER SURVEY STATUS

QMS STANDARD AS9100	LEVEL ATTAINED/QM SYSTEM VALUE 2PZ1	METHOD OF SURVEY D	SURVEY NO. N16039-0		
SURVEY/AUDIT STATUS <input checked="" type="checkbox"/> APPROVED Supplier is authorized to process/perform to specification in conjunction with any supplier documents noted herein. <input type="checkbox"/> LIMITED (NOTE LIMITATIONS IN REMARKS) Approvals are specifically limited to the conditions and/or items noted herein. <input type="checkbox"/> CONDITIONAL See below and/or attachment for additional remarks/comments. <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> CANCELLED See below and/or attachment for additional remarks/comments. <input type="checkbox"/> WITHDRAWN Lack of procurement activity, no known future requirements. <input type="checkbox"/> WITHHELD Temporarily on Hold. Should only be used for an Initial Audit where a CAR is written for procedural issues.					
PART/SPEC. NUMBER	DESCRIPTION	PROCESS CATEGORY	LIMITATIONS	DISPOSITION	NADCAP
Scotia Technology General FPI Procedure 825P002 Rev 8	Penetrant Inspection	Non-Destructive Testing	None	Approved	Not Required
<a href="#">CLICK HERE FOR CONTINUATION SHEET.</a>					
ASSESSOR NAME (PRINT) Carl S. Roche	DATE 2/01/2021	MANAGER/TEAM LEAD SIGNATURE 	DATE 02/01/2021	(SIGNATURE OR EMAIL CONCURRENCE CERTIFIES MANAGER/TEAM LEAD HAS APPROVED THE FORM.)	
REMARKS (INCLUDE INFORMATION AS NECESSARY TO EXPLAIN ANY C/A, STATUS, LIMITATIONS, OR DETAILS OTHER THAN "APPROVED") Scotia Technology Fluorescent Penetrant Procedure 825P002 Rev 8 dated 2/01/2021 is Approved. Validation is waived based on similarity.					